A A A A		外國人健康檢		檢查日期 2025-06-18
V)		rtificate for Empl	loyed Aliens 民眾診療服務處	Date of Examination
	工車廠留所有 TRI-SERVICE GENERA	L HOSPITAL	SONGSHAN BRANCH	
醫院代號:A15 建檢編號:			D.Taipei Taiwan, 105 R.O.C.	廠商:張嘉濟-1
主保知用5元 · 14014727	電話:(02)2764	2151轉671589 傳	具:(02)2761-8615	. Del 1
頁別(Category	y) ■第二類(Category 2 A	lien) 🗆 第三类	槙(Category 3 Alien)	1814
基本資料(Ba	asic Data)		入境日(續聘]	日):2023-12-29
姓名 Name	: MUTINI			
生別	:□男Male ■女Female	國籍	:印尼	
Sex 鑊照號碼	23 3.0	Nationality 出生年月日		
Passport No.	: <u>E7853207</u>	- Date of Birth	: 1983-07-08	- A - Contract
居留證號 ARC No.	: F900897489	手機 - Mobile Phone	÷	ACCEPTE
工作縣市別	:新北市	住家	: 03-3195252	- AL
City/County (Workplace in R.O.C.)		- Home Phone	1	W T
100	地合新版 Ture of backback		in the Deput lie Of Chie Hel	外科人士
	『檢種類 Type of health exa 3內 Within 3 days of arrival		11	ACTE IN THE INC. AND A DAY OF
			No.	
	ementary ■定期(六、·	十八、三十個	H) Periodic (6, 18, 30 ma	nths (4)
	cal History)	_		
曾罹患的疾病	为 Prior illnesses : 無			
.身體檢查(Physical Examination)			
A.身高(Heigh	t): <u>149.9</u> 公分 cms	(G.頭頸部(Head and neck): 正常Normal □異常Ab	a series al
B.體重(Weigh	it):58.6公斤 kgs			
C.血壓(Blood			H. <u>胸部(</u> Thorax): ■正常Normal □異常Ab	normal
	8 毫米汞柱 mmHg		心臟聽診(Heart auscultatio	on): normal
	: 101 次/分 beats/min		l.腹部(Abdomen): 正常Normal □異常Ab	
	emperature): 37.0 °C			
F.視力(Vision)			<體肢運動(Locomotion): ■正常Normal □異常Ab	
右(Right)			_精神狀態(Mental status): ■正常Normal □異常Ab	normal
M.其他(Othe	rs) 血壓偏高,宜至心臟p	內科門診追蹤		
/.實驗室檢查	E(Laboratory Examinati	ons)		
A.胸部 X 光服	肺結核檢查 (Chest X-ray fo	or Tuberculosis):	
X光發現(Find	lings):			
判定(Result):	d) □疑似肺結核(TB Susp	ect) 〇無注意	在認診斷(Pending) 口不会	格(Failed)
a loss of the second	的 Ogerological Tests for S		Eboas millionid) Olic	THE (Faired)
檢驗(Tests):	J.P. may		
a. RPR	OVDRL	-	Att as the fill and	
U陽性(F b 「TPHA」	Positive)/效價(Titers) ■TPPA □FTA-abs □		忌1注(Negative)/奴1買(Titers) 〇CIA	
	Positive)/效價(Titers)			1:80(-)
20甘它(Other)			
Ullist It() 判定/Result)	Positive)/效價(Titers) ■合格(Passed) □不行		去1±(Negative)/XX1頁(Titers)	

C.腸內寄生蟲糞便檢查(Stool Examination for Parasites): □陽性 (Positive) ,種名 (Species) ■陰性 (Negative)
判定(Result): ■ 合格 (Passed) □ 不合格 (Failed) □ 第三類外國人來自中央衛生主管機關公告知特定國家、地區得免驗 (Not required for Category 3
Aliens from countries/areas announced by the central competent health authority.) D.麻疹及德國麻疹之抗體陽性檢驗報告或預防接種證明(Proof of Positive Measles and Rubella
Antibody or Measles and Rubella Vaccination Certificates)
 a. 抗體檢查 (Antibody Tests) 麻疹抗體 (Measles Antibody) □陽性(Positive) □陰性(Negative) □未確定(Equivocal) 德國麻疹抗體 (Rubella Antibody) □陽性(Positive) □陰性(Negative) □未確定(Equivocal) b. 預防接種證明 Vaccination Certificates (證明應包含接種日期、接種院所及疫苗批號;接種 日期與出國日期應至少間隔兩週 (The certificate should include the date of vaccination, the name of administering hospital or clinic and the batch no. of vaccine; the date of vaccination should be at least two weeks prior to traveling overseas.) □ 麻疹預防接種證明 (Measles Vaccination Certificate) □ 德國麻疹預防接種證明 (Rubella Vaccination Certificate)
c. □ 有接種禁忌,暫不適宜預防接種 (Having contraindications, not suitable for vaccination) d. ■ 入國後3日內、定期健檢、補充健檢或曾依受聘僱外國人健康檢查管理辦法辦理本項檢查 且結果合格者得免驗 (Not required for health examination performed within 3 days of arrival, for
periodic or supplementary health examination, or workers who have passed this examination under the Regulations Governing Management of the Health Examination of Employed Aliens)
V.漢生病檢查(Examination For Hansen's Disease)
全身皮膚視診結果 (Skin Examination) ■正常(Normal)
□異常(Abnormal): □非漢生病(Not related to Hansen's disease):
□疑似漢生病須進一步檢查(Hansen's disease suspect who needs further examinations) a. 病理切片 ^(Skin Biopsy) :
b. 皮膚抹片 ^(Skin Smear) :口 陽性 ^(Positive) 口 陰性 ^(Negative) c. 皮膚病灶合併感覺喪失或神經腫大(Skin lesions combined with sensory loss or
enlargement of peripheral nerves): □有 (Yes) □無 (No)
判定 (Result): 口合格(Passed) 口須進一步檢查(Needs further examinations) 口不合格(Failed) 口 第三類外國人來自中央衛生主管機關公告知特定國家、地區得免驗 (Not required for Category 3 Aliens from countries/areas announced by the central competent health authority.)
健康檢查總結果 (The final result of health examination): MUTINI
■ 合格 (Passed) □ 須進一步檢查 (Need further examinations) □ 不合格 (Failed)
負責醫檢師簽章(Signature of Chief Medical Technologist) :
負責醫師簽章(Signature of Chief Physician) :
醫院負責人簽章(Signature of Superintendent) :
日期 (Date): 2025-06-26 備註 (Note): 本證明三個月內有效 (The certificate is valid for three months)
* 提醒一 (Notice 1): 入園後 3 日內健檢、境內聘僱健檢、定期健檢及補充健檢結果為須進一步檢查或不合格者,得依「受聘僱外國人健康檢章管理辦法」第 7 條至 第 9 條規定治療或再檢查;未依規定者,將因健檢不合格,廢止其聘僱許可。If the results of your health examination performed within 3 days of arrival, for employment in the territory of the ROC, or periodic or supplementary health examination show that you require further examinations or you have failed the examination, you have to comply with Article 7 through Article 9 of the "Regulations Governing Management of the Health Examination of Employed Aliens". Failing to pass the health examination will render your work permit terminated. * 提醒二 (Notice 2): 入園後 3 日內健檢、境內聘僱健檢、定期健檢及補充健檢之健康檢查證明之正本應由受聘僱外國人本人留存。The original copy of the health certificate of the health examination performed within 3 days of arrival, for employment in the territory of the ROC, or periodic or supplementary health examination should be kept by the person who undertook the health examination.